DOCUMENT RESUME

ED 249 398 CE 039 861

TITLE	Simmons Insurance Agency. A Clerk-Typist Position Simulation. Student Packet I. Office Occupations.
INSTITUTION	Columbus Area Vocational-Technical School, GA.; Georgia State Univ., Atlanta.
SPONS AGENCY	Georgia State Dept. of Education, Atlanta. Office of Vocational Education.
PUB DATE	82
NOTE	119p.; For related documents, see CE 039 859-865.
PUB TYPE	Guides - Classroom Use - Materials (For Learner) (051)
EDRS PRICE	MF01/PC05 Plus Postage.
DESCRIPTORS	Clerical Occupations; Individualized Instruction; *Insurance Companies; Job Skills; Learning Activities; Occupational Information; *Office Occupations Education; *Office Practice; Postsecondary Education; *Simulation; *Typewriting

ABSTRACT

This is the first of five student packets forming part of a position simulation developed for use in an office applications laboratory at the postsecondary level. The purpose of the simulation is to give the student an opportunity to become familiar with the tasks and duties performed by a clerk-typist working for an independent insurance agency. The packet, which contains approximately 10 hours of work, includes 14 numbered jobs and necessary supplies; letterhead or special forms not in the packet are provided as needed. A guide sheet provides instructions for each numbered job. Jobs include typing an application form, typing insurance terms, typing an insurance calendar, addressing envelopes and locating zip codes, typing reinstatement notices, typing agent's application form, typing file folder labels and 3 x 5 cards, typing premium deduction authorization cards, typing check-o-matic cards and customer billing forms, typing dividend notices, typing a life insurance policy, and typing unarranged letters. (YLB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED249398

CE 039861

OFFICE OCCUPATIONS

SIMMONS INSURANCE AGENCY

A Clerk-Typist Position Simulation

Student Packet I

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

This document has been reproduced as received from the person or organization originating it.

Minor changes have been made to improve reproduction quality.

Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

A Houghton

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

Georgia Department of Education

OFFICE OCCUPATIONS

Developed and Produced
Under Contractual Agreement with

Division of Program Development
Office of Vocational Education
Georgia Department of Education
Atlanta, Georgia 30334
Charles McDaniel, State Superintendent of Schools
1982

UPD 7729/7-82

SIMMONS INSURANCE AGENCY

A Clerk-Typist Position Simulation

Developed by

Columbus Area Vocational-Technical School
Columbus, Georgia

Revised by

Georgia State University
Atlanta, Georgia

Project Supported by

Office of Vocational Education
Division of Program Development
Georgia Department of Education
Atlanta, Georgia 30334

Dr. Charles McDaniel, State Superintendent of Schools

1982

FOREWORD

This clerk-typist position simulation has been developed for use in an office applications laboratory at the postsecondary level. Its purpose is to give the student an opportunity to become familiar with the tasks and duties that may be performed by a clerk-typist.

Appreciation is expressed to Mr. K. Gerald Allen, Project Coordinator, and to the business education instructors at Columbus Area Vocational-Technical School for the development of these materials.

Appreciation is also expressed to the many business education instructors throughout the state who field tested, evaluated, and provided invaluable feedback on these materials as a part of this revision effort.

Sincere appreciation goes to Dr. John H. Lloyd, Director, Program Development Division, for his continued support, encouragement, and leadership in this revision effort.

Dr. Harmon Fowler
Project Director
Office Simulation Project

Mrs. Doris Rash-Wooten
Assistant Project Director
Office Simulation Project

STUDENT GUIDE SHEET

This packet contains approximately ten (10) hours of work. Included in the packet are the numbered jobs and supplies. Where letterhead or special forms are necessary, they will be provided. No index cards or labels have been furnished. You may use paper cut to size or furnish 3 x 5 index cards. A form for labels is provided or real labels may be used.

The instructions for each numbered job are shown on this sheet. Examine each job to see if it is rush or routine. Be sure to do the rush jobs first. Check to see that you have all necessary materials. Use current dates where necessary.

Instructions

1. Please type an application form for yourself for the personnel records of the Simmons Insurance Agency. Be sure to complete a W-4 for the records, also.

2. Mr. Simmons has been invited to speak at the local high school on Career Day. He needs a copy of these insurance terms to use during his presentation. Make a typewritten copy by tomorrow afternoon for Mr. Simmons to take with him.

3. Mr. Simmons has an appointment this evening with Mr. James F. Kelly to discuss a new automobile insurance policy. Insurance calendars are provided as a planning guide for our clients. Center the client's name in the space immediately above the printed words: I have Premiums Due on the Following Dates... Type the date, insurance company's name, policy number, and amounts in the spaces provided.

4. This is a list of clients who need to receive a check list so that the company files can be kept up to date. Address envelopes for each client. Look up the ZIP Codes for the addresses. Make a typewritten copy of the list of names for Mr. Simmons to have in his briefcase. Get the check list in the mail by the end of this week or the first of next week.

5. Cancellation statements were mailed last month to some of our clients. The International Insurance Company has notified the Simmons Insurance Agency that these clients should be reinstated. Please type the reinstatement notices. Fold each notice for a window envelope.

6. Mr. Simmons has received an application from Mr. Jones who wishes to become an insurance agent with the firm. Please type the information supplied from the rough draft application to submit for processing.

7. Mr. Simmons has given you a list of prospective clients. He would like to have a file folder label and a 3 x 5 card typed for each one. Also, please include six names he got from Katherine Crosby while he was in Albany. They are on 3 x 5 cards. On the cards, the names should be typed in indexing order close to the top edge of the card. Type the complete name and address a triple space below. Start three spaces from the left edge of the card. The label should be typed block style, single spaced with last name first. Arrange the cards in alphabetical order.

8. Payroll regulations for insurance premiums require that the employee of a firm sign a premium deduction authorization card. Please type the information provided on the blank card and type an envelope for each employer.

9. Mr. Baker, one of Mr. Simmons' clients, has decided to pay his premiums through the check-o-matic plan. Prepare a check-o-matic payment card for his signature.

10. Prepare statements for the following insurance policies due on the third day of next month. Fold the statements and put them in window envelopes. All of these policies should be dated for the third day of next month.

11. The International Insurance Company has phoned the Simmons Insurance Agency and given us a list of clients who are due dividends from International. Please type the information given on the printed forms provided by the International Insurance Company for our use.

12. William Morris, a client of Mr. Simmons, wishes to obtain additional insurance coverage. Attached is a completed application for life insurance. Please prepare a typed copy for signatures and processing.

13. A tickler file of current policyholder information is maintained by the Simmons Insurance Agency to insure that renewal reminders are sent to our clients. Be certain to file the 3 x 5 index cards by expiration dates.

14. Type the enclosed letters to the following people:

    Mr. David Conrad
    Mr. Waylon Sanders
    Mr. Joe Gibson

    I have made a quick rough draft of these letters, and you may find some errors. Correct all errors. Arrange the letters in an attractive style. Address an envelope for each.

    You will find the addresses of these people included in the list of names that you typed of clients to receive a check list in order to update our files. (SEE I-4)

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion or national origin.

Personal Information

Date_____ Social Security Number_____

Name_____
Last First Middle

Present Address_____
Street City State Zip Code

Permanent Address_____
Street City State Zip Code

Phone Number_____ Height_____ Weight_____

If related to anyone in our employ, state name and department_____

_____

Referred By_____

Employment Desired

Position_____ Date you can start_____

Salary Desired_____ Are you employed now?_____

If so, may we inquire of your present employer?_____

Ever applied to this company before?_____ Where?_____ When?_____

Education

	Name and Location of School	Years Attended	Date Graduated	Subjects Studies
Grammar School				
High School				
College				
Trade, Business or Other Type School				

Subjects of Special Study or Research Work _____

What foreign languages do you speak fluently? _____
Read _____ Write _____

Activities other than Religious (Civic, Athletic, etc.) _____

_____

(Omit organizations, the name or character of which indicates the race, creed, color, or national origin of its members.)

Former Employers

List Below Four (4) Employers, start with the last one first.

Date Month and Year	Name and Address of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

References

List Three (3) persons, unrelated, that you have known one (1) year.

Name	Address	Business	Years Acquainted
1			
2			
3			

Physical Record

List any physical defects_____

Were you ever injured?_____

Have you any defects in hearing?_____ In vision?_____
In speech?_____

In Case of Emergency notify_____

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Date _____ Signature _____

DO NOT WRITE BELOW THIS LINE

Interviewed by_____ Date_____

Remarks

Neatness	Character
Personality	Ability

Hired___ For Dept.___ Position_____ Will Report___ Salary (Wages)_____

Approved: 1._____ 2._____ 3._____
Employment Manager Department Head General Manager

Form W-4 EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE
(USE FOR WAGES PAID AFTER MAY 31, 1977)

This certificate is for income tax withholding purposes only. It will remain in effect until you change it. If you claim exemptions from withholding, you will have to file a new certificate on or before April 30 of next year.

Type or print your full name	Your social security number
Home address (number and street or rural route)	Marital Status: ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate
City or town, State, and ZIP code	Note: If married, but legally separated or spouse is a nonresident alien, check the Single block.

1 Total number of allowances you are claiming	
2 Additional amount, if any, you want deducted from each pay	$
3 I claim exemption from withholding	

Under the penalties of perjury, I certify that the number of withholding exemptions and allowances claimed on this certificate does not exceed the number to which I am entitled. If claiming exemption from withholding, I certify that I incurred no liability for Federal income tax for last year and that I anticipate that I will incur no liability for Federal income tax for this year.

Signature_____ Date_____ 19_____

LIFE AND HEALTH INSURANCE TERMS

Agent - A sales and service representative of an insurance company. Life insurance agents are also known as "life underwriters."

Automatic Premium Loan - A provision in or a supplement to a life insurance policy authorizing the company to pay automatically any overdue premium by means of a policy loan.

Beneficiary - The person named in a policy to receive the insurance proceeds at the death of the insured.

Cash Value - The amount of money that will be paid to the owner of a whole life or endowment policy if he/she elects to give up the policy.

Claim - A formal notice to an insurance company requesting payment of an amount due under the terms of a policy.

Convertible Term Insurance - Term insurance which can be exchanged, at the option of the policyholder and without evidence of insurability, for a policy on the whole life or endowment plan.

Disability (Total) - An illness or injury which prevents an insured person from performing any duty of his/her occupation or any other profitable work.

Deductible - Found in major medical insurance; is that portion of covered hospital and medical charges which an insured person must pay before his/her policy's benefits begin.

Dividend - A refund of part of the premium on a participating life insurance policy, reflecting the difference between expected and actual mortality, interest earnings, and operating expenses.

Double Indemnity - Additional payment to the beneficiary equal to the face amount of the basic policy when the policyholder's death results from accident.

Extended Term Insurance - The original amount of life insurance protection extended for a period of time as stated in a whole life or endowment policy should premium payments be discontinued.

Face Amount - The amount stated on the face of the policy that will be paid in case of death or, in an endowment policy, at maturity. The face amount does not include dividend additions, or additional amounts payable under accidental death or other special provisions.

Grace Period - A period (usually 31 days) following the premium due date, during which an overdue premium may be paid without penalty. The policy remains in force throughout this period.

Guaranteed Renewable Policy - A health insurance policy which the insured has the right to continue in force by the timely payment of premiums to a specified age (usually age 50). During that period the insurer has no right to make unilaterally any change in any provision of the policy while the policy is in force but may make changes in premium rates by policyholder class.

Insurability - Acceptability to the company of an applicant for insurance.

Lapsed Policy - A policy terminated for nonpayment of premiums. The term is sometimes limited to a termination occurring during the first two years and before the policy has a cash or other surrender value.

Life Expectancy - The average number of years of life remaining for persons of a given age, according to a particular mortality table.

Mortality Table - A statistical table showing the death rate at each age, usually expressed as so many per thousand.

Nonforfeiture Values - The choice of values, either in cash or in other forms of insurance, available to the policyholder if he/she elects to discontinue paying premiums. The other forms of insurance available are extended term insurance and reduced paid-up insurance.

Nonparticipating Insurance - Insurance on which the premium is calculated to cover as closely as possible the anticipated cost of the insurance protection and on which no dividends are paid.

Ordinary Life Insurance - Life insurance in amounts of $1,000 or more with premiums payable on an annual, semiannual, quarterly or monthly basis. The term is also used to mean the straight life policy.

Paid-Up Insurance - Insurance on which the premiums have been paid. The term is frequently used to mean the reduced paid-up insurance available as a nonforfeiture option.

Participating Insurance - Insurance on which the policyholder is entitled to receive policy dividends reflecting the difference between the premium charged and actual experience. The premium is calculated to provide some margin over the anticipated cost of the insurance protection.

Permanent Life Insurance - Any form of life insurance, such as whole life or endowment, which accrues cash value; any form of life insurance except term.

Settlement Options - Alternative ways in which the policyholder or beneficiary may choose to have life insurance proceeds paid as income rather than as one lump sum.

RUSH

Type the following information on the insurance calendar for a client I will visit tonight.

ES

Month	Day	Company	Amount
Mar.	31	MSL Auto	$ 79.32
Jun.	30	MSL Auto	$ 79.32
Sept.	30	MSL Auto	$ 79.32
Dec.	31	MSL Auto	$ 79.32

Client: James F. Kelly
Policy No.: 68-34-21

Insurance Calendar

I Have Premiums Due on the Following Dates . . .

MONTH	DAY	COMPANY	AMOUNT
JAN.			
FEB.			
MAR.			
APR.			
MAY			
JUNE			
JULY			
AUG.			
SEPT.			
OCT.			
NOV.			
DEC.			

1. Mr. David Conrad
602 49th Street
Columbus, GA

2. Mr. Fred Daughtry
74 Oakley Court
Columbus, GA

3. Mrs. Mildred Davis
3210 Morehouse
Columbus, GA

4. Mrs. Luther Ray
928 Vinesille Street
Columbus, GA

5. Mr. Waylon Sanders
6334 Luna Drive
Columbus, GA

6. Mr. Herman Rainey
4699 Farley Drive
Columbus, GA

7. Mrs. Lucille Felton
1400 Shepard Drive
Columbus, GA

8. Mrs. Ruth Flowers
1215 21st Street
Columbus, GA

9. Mrs. Oris Dorham
3913 16th Avenue
Columbus, GA

10. Mr. Joe Gibson
5 Magnolia Street
Columbus, GA

11. Mr. Max Shiver
1800 Lakewood Drive
Phenix City, AL

12. Mrs. Susie Smith
455-A Craig Drive
Fort Benning, GA

13. Mrs. Mattie Spear
Pinehill Drive
Phenix City, AL

14. Mr. George Vickery
4022 Pamela Street
Columbus, GA

15. Mrs. Myra Ward
3329 Wallace Drive
Columbus, GA

16. Mrs. Georgia Williams
2446 Rice Street
Columbus, GA

17. Mr. J. M. Youngblood
3905 Creatview Drive
Columbus, GA

18. Mrs. Thomas Brooks
4620 Gardiner Drive
Columbus, GA

19. Mr. M. H. Batie
3082 Plantation Road
Columbus, GA

20. Mr. Elmer Du[illegible]
613 Talbotton Road
Columbus, GA

21. Mr. Glenn Barron
5024 Trussell Avenue
Columbus, GA

22. Mr. Amos Brown
114-B Arrowhead Road
Fort Benning, GA

23. Mr. Jesse Barr
1410 Briarlock Road
Columbus, GA

24. Mr. Ray Wright
1549 Forestside Drive
Columbus, GA

25. Mrs. Mary Carter
1605 38½ Street
Columbus, GA

In order to keep your files up to date, and give you the best service possible, it is IMPORTANT that you COMPLETE THIS FORM AND RETURN IT in the self-addressed envelope.

NAME _____ POLICY NO.'S _____

ADDRESS _____ (if known) _____

_____ _____

__ This is a new address as of _____

PHONE NUMBER (Home) _____ (Business) _____

Since our last discussion, I have:

__ changed banks, need automatic bank draft authorization card for __ premiums; __ note; __ loan;

__ acquired new life insurance __ group __ other

__ changed jobs Name of company _____
Current occupation _____

Family information:

__ marital status has changed (if married, please complete below)
Spouse's Name _____ Date of Birth _____

__ we expect a child in _____ (month)

__ we had a child on _____ (date of birth)
Child's Full Name _____ Nickname _____

I am interested in receiving information concerning:

__ change of beneficiary
__ life insurance on my spouse
__ life insurance on my child(ren)
__ educational insurance
__ disability income protection
__ additional life insurance
__ medical insurance
__ mortage life insurance
__ group life insurance
__ key man insurance
__ business continuation insurance
__ tax sheltered retirement plan (IRA, Keogh, or TSA)
I am currently in a retirement plan __ yes __ no
__ converting term insurance
__ paying off my deferred note (to save interest)
__ a savings plan
__ personal estate anaysis
__ other

Send a reinstatement notice to each of the following clients. (Be sure to fold for a window envelope.)

Mr. Jay Bitner
5711 Springhill Ave.
Columbus, GA
Policy No. 36-3044

Mrs. Virginia Wise
4A Lloyd Way
Ft. Benning, GA
Policy No. 62-1432

Miss Barbara Miller
4256 Valley Road
Columbus, GA
Policy No. 29-2518

Mr. Kenneth Hale
4625 Illini Drive
Columbus, GA
Policy No. 96-4120

Mr. Larry Shermon
4725 Milgen Road
Columbus, GA
Policy No. 11-4637

Mr. Stephen Park
2000 15th Ave.
Phenix City, AL
Policy No. 65-4128

Date of cancellation notice: (Use preceding month, 15, 19--)

SIMMONS INSURANCE AGENCY
928 45th Street
Columbus, Ga 31904

REINSTATEMENT NOTICE

_____19____

Please be advised that our cancellation notice dated _____ is rescinded and that Policy No. _____ remains and continues in full force.

Yours very truly

Fred Simmons, Agent
Simmons Insurance Agency

SIMMONS INSURANCE AGENCY
928 45th Street
Columbus, Ga 31904

REINSTATEMENT NOTICE

_____19___

Please be advised that our cancellation notice dated _____ is rescinded and that Policy No. _____ remains and continues in full force.

Yours very truly

Fred Simmons, Agent
Simmons Insurance Agency

I-5-4

SIMMONS INSURANCE AGENCY
928 45th Street
Columbus, Ga 31904

REINSTATEMENT NOTICE

_____19____

Please be advised that our cancellation notice dated _____ is rescinded and that Policy No. _____ remains and continues in full force.

Yours very truly

Fred Simmons, Agent
Simmons Insurance Agency

SIMMONS INSURANCE AGENCY
928 45th Street
Columbus, Ga 31904

REINSTATEMENT NOTICE

_____19____

Please be advised that our cancellation notice dated _____ is rescinded and that Policy No. _____ remains and continues in full force.

Yours very truly

Fred Simmons, Agent
Simmons Insurance Agency

SIMMONS INSURANCE AGENCY
928 45th Street
Columbus, Ga 31904

REINSTATEMENT NOTICE

_____19____

Please be advised that our cancellation notice dated _____ is rescinded and that Policy No. _____ remains and continues in full force.

Yours very truly

Fred Simmons, Agent
Simmons Insurance Agency

SIMMONS INSURANCE AGENCY
928 45th Street
Columbus, Ga 31904

REINSTATEMENT NOTICE

_____19____

Please be advised that our cancellation notice dated _____ is rescinded and that Policy No. _____ remains and continues in full force.

Yours very truly

Fred Simmons, Agent
Simmons Insurance Agency

SIMMONS INSURANCE AGENCY

Name (Please Print) James (First) Andrew (Middle) Jones (Last)

Present Home Address 2939 (Number) Tenth St. (Street) Columbus, (City) GA (State) 31906 (Zip Code)

Previous Address 2102 (Number) Tucker Ave. (Street) Columbus, (City) GA (State) 31907 (Zip Code)

How long have you lived at present home address 2 Previous 3

Telephone Number 322-2725

Place of Birth Columbus (City) GA (State) Muscogee (County) Date of Birth 10-30-46

Age 32 Height 6'1" Weight 155 Color of Eyes Br.

Color of Hair Blk. Male ✓ Female _____

Are You A Citizen of the United States? Yes

Social Security Number 253-74-5000

Residence Last Five Years:

Date		Street	City	State
From	To			
1-77	2-79	2939 Tenth Street	Columbus	GA
12-74	1-77	2102 Tucker Avenue	Columbus	GA

Occupation Last Five Years:

Date		Employer	Address	Position
From	To			
1-77	Present	U. S. Army	Ft. Benning, GA	Captain

HAVE YOU EVER BEEN CONVICTED OF FELONY? ___ Yes ✓ No
If so, give complete information _____

Will you devote all or part of your efforts to the Insurance Business?
___ All

✓ Part.

If Part only,
(A) How much time do you expect to devote to such work? 25 %
(B) In what other business or businesses will you be engaged?
(If more space needed, attach supplement.)

(Employer)	(Address)	(Kind of Business)	(Position)
U.S. Army	Ft. Benning	Military	Captain

(Employer)	(Address)	(Kind of Business)	(Position)

Will You Maintain A Place Of Business In This State And Be Actively Engaged In The Business Of Insurance?

___ Yes

✓ No

The undersigned hereby agrees to act as Agent for the Company and to act in accordance to the authority and powers subject to the terms, conditions, and limitations as prescribed by the Company. At no time shall this agreement be construed to create the relation of employer and employee between the Company and the Agent. The Agent shall receive as compensation for his/her services those amounts and commissions as set forth in the Agent's Master Commission Schedule. The agent must comply with the insurance laws of the State in which he/she is acting as Agent for the Company. Any indebtedness of the Agent to the Company shall be a first lien against monies payable.

_____
(Agent)

Date: July 23, 19--

SIMMONS INSURANCE AGENCY

Name (Please Print) _____
First Middle Last

Present Home Address _____
Number Street City State Zip Code

Previous Address _____
Number Street City State Zip Code

How long have you lived at present home address _____ Previous _____

Telephone Number _____

Place of Birth _____ Date of Birth _____
City State County

Age _____ Height _____ Weight _____ Color of Eyes _____

Color of Hair _____ Male _____ Female _____

Are You A Citizen of the United States? _____

Social Security Number _____

Residence Last Five Years:

Date		Street	City	State
From	To			

Occupation Last Five Years:

Date		Employer	Address	Position
From	To			

HAVE YOU EVER BEEN CONVICTED OF FELONY? ___ Yes ____ No
If so, give complete information _____

_____

_____

Will you devote all or part of your efforts to the Insurance Business?
_____ All

____ Part.

If Part only,
(A) How much time do you expect to devote to such work? _____%
(B) In what other business or businesses will you be engaged?
(If more space needed, attach supplement.)

_____	_____	_____	_____
(Employer)	(Address)	(Kind of Business)	(Position)
_____	_____	_____	_____
(Employer)	(Address)	(Kind of Business)	(Position)

Will You Maintain A Place Of Business In This State And Be Actively Engaged In The Business Of Insurance?

_____ Yes

_____ No

The undersigned hereby agrees to act as Agent for the Company and to act in accordance to the authority and powers subject to the terms, conditions, and limitations as prescribed by the Company. At no time shall this agreement be construed to create the relation of employer and employee between the Company and the Agent. The Agent shall receive as compensation for his/her services those amounts and commissions as set forth in the Agent's Master Commission Schedule. The agent must comply with the insurance laws of the State in which he/she is acting as Agent for the Company. Any indebtedness of the Agent to the Company shall be a first lien against monies payable.

_____
(Agent)

Date: _____

Marcus L. Taylor
40 Standing Bay Court
Columbus, GA 31904

James I. Howard
3721 Springdale Drive
Columbus, GA 31906

Mrs. Doris Bartlett
8233 Coweta Drive
Columbus, GA

Augustus Fabian Wilson
4302 Olympic Lane
Columbus, GA 31907

Mrs. Lois Cox
3916 Wells Drive
Columbus, GA 31906

Mrs. Anabelle Sears
2112 Ousley Avenue
Columbus, GA

Clyde Y. Daton
4238 Calhoun Dr.
Columbus, GA

Clay C. Fishburn
2214 13th Avenue
Columbus, GA 31901

Mrs. Leola Jones
3749 Macon Road
Columbus, GA

Preston C. Lancaster
6191 Dell Drive
Columbus, GA

Edward J. Lowe
5740 Steam Mill Road
Columbus, GA

Ms. Elizabeth Paul
742 Broadway
Columbus, GA 31901

Frank I. Pease
3972 Buena Vista Road
Columbus, GA

Ms. Florence A. Ward
6829 Roswell Lane
Columbus, GA

Gordy S. Driffin
1642 Acker Drive
Albany, GA

Samuel S. Burton
472 Dawer Avenue
Albany, GA

Michael O. Plumb
14 Gillespie Avenue
Albany, GA

Spencer M. Smith
4242 Seminole Lane
Albany, GA

Rudolph L. Farnsworth
Box 43
Richland, GA

Margaret Marshall
Box 714
Cusseta, GA

Please type premium deduction authorization cards for the following:

Insured	SS No.	Employer	Date
Ronald Cutlip	264-39-2846	Rex Tool Supply Co. 3700 Oakcliff Rd. Atlanta, GA	Current
John Green	689-24-0096	Harrington Motors 2015 Box Rd. Columbus, GA	" "
Marvin Humble	291-43-6211	C. W. Sloan Co. 5515 Bealwood Connector Columbus, GA	" "
Miss Cindy Lee	486-09-1238	ABC Products, Inc. 4071 Macon Rd. Columbus, GA	" "
Stan Miller	860-41-9357	Cornwell Bakeries 1420 Concord Blvd. Columbus, GA	" "
Mr. Debi Rexford	212-23-9667	Davis Carpet Mfg. Co. 314 Brown Ave. Columbus, GA	" "

PREMIUM DEDUCTION AUTHORIZATION

Employee's Name:_____ S.S. No. _____

I hereby authorize my Employer:_____

City & State:_____ to deduct from my earnings such amounts as may now or hereafter be payable by me under the insurance plan purchased through

SIMMONS INSURANCE AGENCY
928 45th Street
Columbus, GA 31904

Date:_____

Signature of Applicant:_____

PREMIUM DEDUCTION AUTHORIZATION

Employee's Name:_____ S.S. No._____

I hereby authorize my Employer:_____

City & State:_____ to deduct from my earnings such amounts as may now or hereafter be payable by me under the insurance plan purchased through

SIMMONS INSURANCE AGENCY
928 45th Street
Columbus, GA 31904

Date:_____

Signature of Applicant:_____

PREMIUM DEDUCTION AUTHORIZATION

Employee's Name:_____ S.S. No._____

I hereby authorize my Employer:_____

City & State:_____ to deduct from my earnings such amounts as may now or hereafter be payable by me under the insurance plan purchased through

SIMMONS INSURANCE AGENCY
928 45th Street
Columbus, GA 31904

Date:_____

Signature of Applicant:_____

PREMIUM DEDUCTION AUTHORIZATION

Employee's Name:_____ S.S. No. _____

I hereby authorize my Employer:_____

City & State:_____ to deduct from my earnings such amounts as may now or hereafter be payable by me under the insurance plan purchased through

SIMMONS INSURANCE AGENCY
928 45th Street
Columbus, GA 31904

Date:_____

Signature of Applicant:_____

PREMIUM DEDUCTION AUTHORIZATION

Employee's Name:_____ S.S. No._____

I hereby authorize my Employer:_____

City & State:_____ to deduct from my earnings such amounts as may now or hereafter be payable by me under the insurance plan purchased through

SIMMONS INSURANCE AGENCY
928 45th Street
Columbus, GA 31904

Date:_____

Signature of Applicant:_____

PREMIUM DEDUCTION AUTHORIZATION

Employee's Name:_____ S.S. No. _____

I hereby authorize my Employer:_____

City & State:_____ to deduct from my earnings such amounts as may now or hereafter be payable by me under the insurance plan purchased through

SIMMONS INSURANCE AGENCY
928 45th Street
Columbus, GA 31904

Date:_____

Signature of Applicant:_____

SIMMONS INSURANCE AGENCY

CHECK-O-MATIC PAYMENT PLAN

SIMMONS INSURANCE AGENCY is hereby requested and authorized to draw checks monthly to be charged against the checking account of:

Name of Bank Depositor Edward B. Baker
(Print Name exactly as shown on Bank Records)

With First National Bank (Name of Bank and Branch, if any) 3276 (Transit No.)

Bank Address Columbus, Georgia

for the purpose of collecting premiums payable at the Check-O-Matic premium rate. I hereby agree that the depositing of such checks by SIMMONS INSURANCE AGENCY shall constitute due notice of premiums being due upon the policy. It is understood that the Check-O-Matic premium arrangement may be terminated by the policyowner or by the Company upon written notice.

I understand that if any such check be dishonored by my Bank and any monthly amount due SIMMONS INSURANCE AGENCY is not paid within the time stipulated in the policy, said policy shall become null and void except as otherwise provided therein.

Date July 15, 19--

Signature of Premium Payer _____
(Sign name exactly as your checks are signed)

Account Number, If Any 42-96-272

HOME OFFICE USE ONLY

Approved for Check-O-Matic Premium Arrangement - Acct. No. 42-96-272

DISTRICT	DEBIT	DATE
		July 22, 19--

Policy No. 125-00-1775 Premium 22.60 Day Due 5th Total Premium 271.20
Policy No. _____ Premium _____ Day Due ____
Policy No. _____ Premium _____ Day Due ____
Policy No. _____ Premium _____ Day Due ____
Policy No. _____ Premium _____ Day Due ____

Date July 22, 19-- By _____

AUTHORIZATION TO HONOR CHECK

Drawn by and payable to SIMMONS INSURANCE AGENCY

Name of
Bank Depositor Edward G. Baker
(Print Name as shown on Bank Records)

To: First National Bank
(Name of Bank and Branch, if any)

Bank
Address Columbus, Georgia
(City and State)

As a convenience to me, I hereby request and authorize you to pay and charge to my account checks drawn by and payable to the order of SIMMONS INSURANCE AGENCY I agree that your rights in respect to each such check shall be the same as if it were drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing; and until you actually received such notice of revocation, I agree that you shall be fully protected in honoring any such check.

I further agree that if any such check be dishonored, whether with or without cause, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

July 15, 19--
Date (Bank Signature of Premium Payer)

SIMMONS INSURANCE AGENCY

CHECK-O-MATIC PAYMENT PLAN

SIMMONS INSURANCE AGENCY is hereby requested and authorized to draw checks monthly to be charged against the checking account of:

Name of Bank Depositor _____
(Print Name exactly as shown on Bank Records)

With _____ _____
(Name of Bank and Branch, if any) (Transit No.)

Bank Address _____

for the purpose of collecting premiums payable at the Check-O-Matic premium rate. I hereby agree that the depositing of such checks by SIMMONS INSURANCE AGENCY shall constitute due notice of premiums being due upon the policy. It is understood that the Check-O-Matic premium arrangement may be terminated by the policyowner or by the Company upon written notice.

I understand that if any such check be dishonored by my Bank and any monthly amount due SIMMONS INSURANCE AGENCY is not paid within the time stipulated in the policy, said policy shall become null and void except as otherwise provided therein.

Date _____ Signature of Premium Payer _____
(Sign name exactly as your checks are signed)

Account Number, If Any _____

HOME OFFICE USE ONLY

Approved for Check-O-Matic Premium Arrangement - Acct. No. _____

DISTRICT	DEBIT	DATE
_____	_____	_____

Policy No. _____ Premium _____ Day Due ____ Total Premium _____
Policy No. _____ Premium _____ Day Due ____
Policy No. _____ Premium _____ Day Due ____
Policy No. _____ Premium _____ Day Due ____
Policy No. _____ Premium _____ Day Due ____

Date _____ By _____

AUTHORIZATION TO HONOR CHECK

Drawn by and payable to SIMMONS INSURANCE AGENCY

Name of
Bank Depositor _____
(Print Name as shown on Bank Records)

To: _____
(Name of Bank and Branch, if any)

Bank
Address _____
(City and State)

As a convenience to me, I hereby request and authorize you to pay and charge to my account checks drawn by and payable to the order of SIMMONS INSURANCE AGENCY I agree that your rights in respect to each such check shall be the same as if it were drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing; and until you actually received such notice of revocation, I agree that you shall be fully protected in honoring any such check.

I further agree that if any such check be dishonored, whether with or without cause, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

_____
Date (Bank Signature of Premium Payer)

1. Mrs. Flossie Carter, 2101 Wynton Road, Columbus, Georgia 31904; homeowners insurance; Reliable Ins. Co.; Policy Number - HN48762; term 2 years; amount $15,000; premium $200.

2. Gillis Qualls, 3817 Woodlawn Avenue, Columbus, Georgia 31905; property damage; Safety Ins. Co.; Policy Number - FA86571; term 1 year; amount $18,000; premium $91.50.

3. Mr. B. J. Hill, 2174 Hilton Avenue, Columbus, Georgia 31904; homeowners insurance; Protection Plus & Company; Policy Number - AE65810; term 3 years; amount $25,000; premium - $281.50.

4. Mr. James Grant, 1139 Harness Drive, Columbus, Georgia 31904; automobile liability; Safety Ins. Co.; Policy Number - CD84571; term 1 year; amount $35,000; premium $122.17.

5. Douglas Finlay, 5348 Hurst Drive, Columbus, Georgia 31902; fire insurance; Reliable Ins. Co.; Policy Number - FC1328; term 1 year; amount $65,000; premium $271.48.

6. Mr. Reid Foster, 909 Ashland Avenue, Columbus, Georgia 31907; homeowners insurance; Protection Plus & Company; Policy Number - PI68951; term 3 years; amount $10,000; premium $173.

7. Mrs. Aubrey Crowe, Howe Avenue, Columbus, Georgia 31901; liability insurance; Protection Plus & Company; Policy Number - FA85643; term 1 year; amount $30,000; premium $137.

8. Mr. David Burks, 2752 Ramsey Road, Columbus, Georgia 31906; fire insurance; Protection Plus & Company; Policy Number - FE63770; term 2 years; amount $15,000; premium $75.

9. Mr. Raymond Austin, 5328 Hilliard Avenue, Columbus, Georgia 31903; homeowners insurance; Reliable Ins. Co.; Policy Number - LE5153; term 3 years; amount $5,000; premium $45.25.

10. Mrs. Lilla Barnes, 2446 Broadmoor Drive, Columbus, Georgia 31907; burglary insurance; Safety Ins. Co.; Policy Number - AC32216; term 1 year; amount $40,000; premium $40.50.

11. Mr. Floyd Walters, 2904 Beacon Avenue, Columbus, Georgia 31904; homeowners insurance; Reliable Ins. Co.; Policy Number - XC11115; term 3 years; amount $4,000; premium $42.

12. Mrs. Delia Vining, 837 Brighton Road, Columbus, Georgia 31906; automobile insurance; Safety Ins. Co.; Policy Number - FI63220; term 1 year; amount $30,000; premium $85.

13. Mr. Clint Register, 4915 Armour Road, Columbus, Georgia 31904; homeowners insurance; Protection Plus & Company; Policy Number - JH16443; term 1 year; amount $12,000; premium $80.

14. Ms. Lucille Pryor, 455 Harold Street, Columbus, Georgia 31903; homeowners insurance; Reliable Ins. Co.; Policy Number - LM19531; term 1 year; amount $25,000; premium $18.

15. Mr. Carlos Owens, 7630 Gray Shoals Drive, Columbus, Georgia 31904; automobile insurance; Safety Ins. Co.; Policy Number - IA63021; term 1 year; amount $40,000; premium $65.

16. Mr. Glenn Nowell, 6552 Moon Circle, Columbus, Georgia 31904; homeowners insurance; Safety Ins. Co.; Policy Number - SA66231; term 3 years; amount $10,000; premium $50.

17. Donald Jordan, 401 Brennan Road, Columbus, Georgia 31903; homeowners insurance; Protection Plus & Company, Policy Number - FC35772; term 2 years; amount $15,000; premium $115.50.

18. Dr. Gerald Kelly, 3009 Cherokee Avenue, Columbus, Georgia 31906; homeowners insurance; Reliable Ins. Co.; Policy Number - TV61032; term 3 years; amount $15,000; premium $175.

19. Mrs. Kate Landers, 544 Lawyers Lane, Columbus, Georgia 31906; automobile insurance; Safety Ins. Co.; Policy Number - XE61325; term 1 year; amount $45,000; premium $155.35.

20. Mr. Manly Green, 901 Joy Road, Columbus, Georgia 31903; homeowners insurance; Reliable Ins. Co.; Policy Number - JK34512; term 3 years; amount $10,000; premium $85.

SIMMONS INSURANCE AGENCY

928 45th Street

Columbus, Ga. 31904

POLICY DATE	POLICY NO.	COMPANY	TERM	KIND OF INSURANCE	AMOUNT	PREMIUM

TO _____

_____

_____

DATE _____ 19___

SIMMONS INSURANCE AGENCY

928 45th Street

Columbus, Ga. 31904

POLICY DATE	POLICY NO.	COMPANY	TERM	KIND OF INSURANCE	AMOUNT	PREMIUM

TO _____ DATE _____ 19___

_____

_____

STUDENT MANUAL

SIMMONS INSURANCE AGENCY

928 45th Street

Columbus, Ga. 31904

POLICY DATE	POLICY NO.	COMPANY	TERM	KIND OF INSURANCE	AMOUNT	PREMIUM

TO _____ DATE _____ 19___

_____

_____

40

I-10-5

STUDENT MANUAL

SIMMONS INSURANCE AGENCY

928 45th Street

Columbus, Ga. 31904

POLICY DATE	POLICY NO.	COMPANY	TERM	KIND OF INSURANCE	AMOUNT	PREMIUM

TO _____ DATE _____ 19___

_____

_____

41

I-10-6

STUDENT MANUAL

SIMMONS INSURANCE AGENCY

928 45th Street

Columbus, Ga. 31904

POLICY DATE	POLICY NO.	COMPANY	TERM	KIND OF INSURANCE	AMOUNT	PREMIUM

TO _____ DATE _____ 19___

_____

_____

I-10-7

STUDENT MANUAL

SIMMONS INSURANCE AGENCY

928 45th Street

Columbus, Ga. 31904

POLICY DATE	POLICY NO.	COMPANY	TERM	KIND OF INSURANCE	AMOUNT	PREMIUM

TO _____

_____

_____

DATE _____ 19___

43

I-10-8

53

54

SIMMONS INSURANCE AGENCY

928 45th Street

Columbus, Ga. 31904

POLICY DATE	POLICY NO.	COMPANY	TERM	KIND OF INSURANCE	AMOUNT	PREMIUM

TO _____

_____

_____

DATE _____ 19___

SIMMONS INSURANCE AGENCY

928 45th Street

Columbus, Ga. 31904

POLICY DATE	POLICY NO.	COMPANY	TERM	KIND OF INSURANCE	AMOUNT	PREMIUM

TO _____ DATE _____ 19___

_____

_____

SIMMONS INSURANCE AGENCY

928 45th Street

Columbus, Ga. 31904

POLICY DATE	POLICY NO.	COMPANY	TERM	KIND OF INSURANCE	AMOUNT	PREMIUM

TO _____

_____

_____

DATE _____ 19___

SIMMONS INSURANCE AGENCY

928 45th Street

Columbus, Ga. 31904

POLICY DATE	POLICY NO.	COMPANY	TERM	KIND OF INSURANCE	AMOUNT	PREMIUM

TO _____

_____

_____

DATE _____ 19___

STUDENT MANUAL

SIMMONS INSURANCE AGENCY

928 45th Street

Columbus, Ga. 31904

POLICY DATE	POLICY NO.	COMPANY	TERM	KIND OF INSURANCE	AMOUNT	PREMIUM

TO _____

_____

_____

DATE _____ 19___

48

I-10-13

SIMMONS INSURANCE AGENCY

928 45th Street

Columbus, Ga. 31904

POLICY DATE	POLICY NO.	COMPANY	TERM	KIND OF INSURANCE	AMOUNT	PREMIUM

TO _____ DATE _____ 19___

_____

_____

STUDENT MANUAL

SIMMONS INSURANCE AGENCY

928 45th Street

Columbus, Ga. 31904

POLICY DATE	POLICY NO.	COMPANY	TERM	KIND OF INSURANCE	AMOUNT	PREMIUM

TO _____

_____

_____

DATE _____ 19___

50

I-10-15

STUDENT MANUAL

SIMMONS INSURANCE AGENCY

928 45th Street

Columbus, Ga. 31904

POLICY DATE	POLICY NO.	COMPANY	TERM	KIND OF INSURANCE	AMOUNT	PREMIUM

TO _____ DATE _____ 19___

_____

_____

51

I-10-16

SIMMONS INSURANCE AGENCY

928 45th Street

Columbus, Ga. 31904

POLICY DATE	POLICY NO.	COMPANY	TERM	KIND OF INSURANCE	AMOUNT	PREMIUM

TO _____ DATE _____ 19___

_____

_____

STUDENT MANUAL

SIMMONS INSURANCE AGENCY

928 45th Street

Columbus, Ga. 31904

POLICY DATE	POLICY NO.	COMPANY	TERM	KIND OF INSURANCE	AMOUNT	PREMIUM

TO _____

_____

_____

DATE _____ 19___

53

I-10-18

SIMMONS INSURANCE AGENCY

928 45th Street

Columbus, Ga. 31904

POLICY DATE	POLICY NO.	COMPANY	TERM	KIND OF INSURANCE	AMOUNT	PREMIUM

TO _____ DATE _____ 19___

_____

_____

SIMMONS INSURANCE AGENCY

928 45th Street

Columbus, Ga. 31904

POLICY DATE	POLICY NO.	COMPANY	TERM	KIND OF INSURANCE	AMOUNT	PREMIUM

TO _____ DATE _____ 19___

_____

_____

SIMMONS INSURANCE AGENCY

928 45th Street

Columbus, Ga. 31904

POLICY DATE	POLICY NO.	COMPANY	TERM	KIND OF INSURANCE	AMOUNT	PREMIUM

TO _____ DATE _____ 19___

_____

_____

STUDENT MANUAL

SIMMONS INSURANCE AGENCY

928 45th Street

Columbus, Ga. 31904

POLICY DATE	POLICY NO.	COMPANY	TERM	KIND OF INSURANCE	AMOUNT	PREMIUM

TO _____ DATE _____ 19___

_____

_____

57

I-10-22

Type dividend notices for the following:

Insured	Policy No.	Dividend Due Date (next month / 1st day / current year)	Current Dividend	Total Paid-up Additional Ins.
Kevin Biggins 3120 Doyle (city, ST, ZIP)	38-42-1698		$25.62	$105.38
Teresa Brady 1459 Kevin Ct. (city, ST, ZIP)	24-35-0713	" " "	$27.40	$126.48
Rodney Brown 2307 Winchester Dr. (city, ST, ZIP)	15-25-3500	" " "	$48.96	$219.22
Sharon Cooke Holland Rd. (city, ST, ZIP)	68-71-1463	" " "	$23.28	$142.37
Lee Emory 1613 Dell Dr. (city, ST, ZIP)	29-04-0118	" " "	$52.71	$271.04
George McCarthy 536 Ewart Ave. (city, ST, ZIP)	41-27-8841	" " "	$46.50	$301.62

INTERNATIONAL INSURANCE CO.

Premium Notice

Policy No.	Insured	Dividend Due Date

Current Dividend	Total Paid-Up Additional Insurance

For Insurance Service, Contact your International Insurance Representative or your International Office.

SIMMONS INSURANCE AGENCY
928 45th Street
Columbus, GA 31904

IMPORTANT: Please keep this notice for your record.

INTERNATIONAL INSURANCE CO.

Premium Notice

Policy No.	Insured	Dividend Due Date

Current Dividend	Total Paid-Up Additional Insurance

For Insurance Service, Contact your International Insurance Representative or your International Office.

IMPORTANT: Please keep this notice for your record.

INTERNATIONAL INSURANCE CO.

Premium Notice

Policy No.	Insured	Dividend Due Date

Current Dividend	Total Paid-Up Additional Insurance

For Insurance Service, Contact your International Insurance Representative or your International Office.

IMPORTANT: Please keep this notice for your record.

INTERNATIONAL INSURANCE CO.

Premium Notice

Policy No.	Insured	Dividend Due Date

Current Dividend	Total Paid-Up Additional Insurance

For Insurance Service, Contact your International Insurance Representative or your International Office.

IMPORTANT: Please keep this notice for your record.

I-11-5

INTERNATIONAL INSURANCE CO.

Premium Notice

Policy No.	Insured	Dividend Due Date

Current Dividend	Total Paid-Up Additional Insurance

For Insurance Service, Contact your International Insurance Representative or your International Office.

IMPORTANT: Please keep this notice for your record.

INTERNATIONAL INSURANCE CO.

Premium Notice

Policy No.	Insured	Dividend Due Date

Current Dividend	Total Paid-Up Additional Insurance

For Insurance Service, Contact your International Insurance Representative or your International Office.

IMPORTANT: Please keep this notice for your record.

APPLICATION FOR LIFE INSURANCE TO

SIMMONS INSURANCE AGENCY

Part A Life

Policy No. 2383

Date of Policy 6-20-19--

1. Full Name of Proposed Insured William Andrew Morris

Social Security No. 252-96-4792 Maiden Name _____

2. Address (Information)

Residence 1204 Boxwood Blvd. Cols. Muscogee GA 31906
Street City County State Zip Code

Business _____
Street City County State Zip Code

Former Residence _____
Street City County State Zip Code

How long at each address (above)?

Residence 19 years

Business _____

Former Residence _____

Send Notice to Address (Check Which Address)

Residence X
Business ___
Former Residence ___

3. Underwriting Class _____

4. Automatic Premium Loan? Yes

5. Dividend Option _____

6. Endowment Option _____

7.
Place of birth Georgia Citizen of USA

Sex M Age 19 Date of birth 10 2 62
Month Day Year

Plan	Amount	Mode				Method					Riders			
		A	SA	Q	M	PA	PD	SS			DI	Wp	Pay or	Term
LPHA	$10,000		X											

Premium Amount		
Life Di $10,000	Wp Pay	Total Premium $298.00

9.
Beneficiary Margaret Morris (Full Name) Mother (Relationship) 4-3-1919 (Date of Birth)

Contingent William Jones (Full Name) Uncle (Relationship) 8-23-1916 (Date of Birth)

10.

	Address	Zip Code	Social Security No.
Owner if other that Proposed Insured William Andrew Morris	1204 Boxwood Blvd	31906	252-96-4792
Contingent Margaret Morris	3035 Morehouse St.	31906	254-70-2000

11. Occupation Porter Duties Cleaning

Monthly Income $200 Firm and Title Penny's

12. Does Proposed Insured Contemplate:
A-Foreign Travel Yes ___ No X
B-Participation in skin diving, parachuting or racing Yes___ No X
C-Flying other than as a passenger or has he flown other than as a Passenger during past 3 years. Yes ___ No X
(If yes, complete aviation supplement)

13. Is the right to change Beneficiary reserved? Yes ____ No ___

14.

Family Record of Proposed Ins.		Age Living	Age Death	State of Health or Cause and Date of Death
Wife or Husband				
Father		66		Good
Mother		63		
Bros. & Sisters	No. Living	21		
	No. Dead			

Family Record of Proposed Ins.	Insurance Now Owned - Company	Amount Life	Amount Di	Amount Dis. Inc	Year of Issue
Wife or Husband					
Father	Interstate	10,000			
Mother	National	2,000			

Has Proposed Insured any application now pending? No
Kind - Company - Amount

Do you intend the replacement or change or any of your existing insurance policies in connection with this application for new insurance?
Yes ___ No X

15. Home Office Additions or Corrections: _____
Semiannual Fees $152.00

For Non-Medical all Questions must be answered. If Annuity, or Examined omit Questions 16 to 22 inclusive.	Yes or No	MEDICAL REPORT Give full details for any ailments, dates, physicians names and addresses. Other companies, etc. Details Military Service.
16. Does Proposed - Insured now have or has he had:		
a. Tuberculosis, asthma, disease of lungs or respiratory system?	NO	
b. High or low blood pressure or disease of heart or circulatory system?		
c. Disease or disorder of digestive system? (Stomach, Intestine, Liver, Gall Bladder.)		
d. Paralysis, convulsions, epilepsy, disease or disorder of brain or nervous system?		
e Gravel, stone, colic, stricture prostate troubles, or any other genito-urinary disorder?		
f. Rheumatism, arthritis, disease or disorder of muscle, bones, joints?		
g. Rupture, syphilis, cancer diabetes, goiter, rectal disorder.		
h. Impaired sight or hearing?		
i. Any other disease, injury, operation or deformity?		

	Yes or No
17. Is Proposed Insured in any way subject to Military Service? Give details	NO
18. Does Proposed Insured used or has he ever used alcholic beverages?	
19. Does Proposed Insured use or has he ever used narcotics?	
20. Has Proposed Insured ever:	
a. Consulted or been treated by any physician or practitioner in past past 5 years? Give name, address, details	Yes
b. Applied for or received any kind of disability compensation?	
c. Been declined, postponed or limited for any life or other insurance or reinstatement thereof?	
d. Been advised to have surgical operation or X-ray treatments, blood tests, X-ray, electrocardiographs, orbasal metabolism? (If so, give full details)	

Cash Received with Application $ 152.00 For S.A.

Premium $289.00 Date June 19 19--

First Agent _____ Code No. _____

Signature of Proposed
Insured or parent of Juvenile _____

Second Agent _____ Code No. _____

Signature of Owner
if other than Proposed Insured _____

Give official capacity if signed on behalf of a corporation

AGENT'S REPORT

1. How long have you known Proposed Insured? 2 yrs.
   Applicant (Father of Proposed Insured, if child under 15?) _____
2. Does Proposed Insured's appearance indicate health and strong constitution? yes
3. Has Proposed Insured any obvious deformity, any impairment of sight, speech or hearing? No
4. Did you personally see Proposed Insured and Applicant, if any, complete and sign this Application? yes
5. As agent for this Company, do you unreservedly recommend Proposed Insured for standard insurance? yes
   Substandard? _____
6. What other Agent receives commission on this application? None
   _____ How much? _____
7. What approximately is Proposed Insured's (Father of Proposed Insured, if child under age 15) net worth? $20,000
   Annual Income _____

8. If Proposed Insured is a child under age 15
   a.) Give full name and address of Father _____
   b.) Amount of insurance on brothers and sisters under age 15 _____
   c.) Amount of insurance on life of Father _____

9. Business Insurance: Give full reasons for this insurance and nature of Applicant's insurable interest. (A Beneficiary who is to own policy must sign as Applicant) _____

10. Give five References:

Name	Janice Pitts	Address	467 North Oakley Dr.
Name	Rose Stephens	Address	4 Mamala Way
Name	John Williams	Address	1928 Plantation Road
Name	Charles Day	Address	3011 Baldwin Street
Name	Phillip Peters	Address	1190-B Brookhaven Rd.

Non-Medical Limits:

Age			
0-14	12,000.00	36-40	7,500.00
15-30	25,000.00	41-45	2,000.00
31-35	15,000.00	55 and over - Medical	

Agency Director

Division Manager

AUTHORIZATION

To all licensed physicians, medical practitioners, hospitals, clinics or other medically related facilities, insurance companies, the Medical Information Bureau or other organizations, institutions or persons, that have any records or knowledge of me or my health, you are authorized to give the SIMMONS INSURANCE AGENCY any such information regarding my medical history, physical condition and diagnosis. A photostatic copy of this authorization shall be as valid as the original.

Date June 19, 19--

Witness

Signature of Proposed Insured or Parent of Juvenile

RECEIPT

DO NOT DETACH UNLESS FULL FIRST PREMIUM IS PAID WITH APPLICATION

Do not detach unless full first premium is paid with application

Received from William Morris . . . . . .

the sum of One hundred fifty-two 00/100 ($ 152.00 . . .), Dollars.

for the full premium specified in the application for insurance in the SIMMONS INSURANCE COMPANY which bears the same date and serial number as this receipt. The insurance under the policy for which application is made shall be effective on date of this receipt or the date of completion of the medical examination (if required) whichever is the later date if, in the opinion of the authorized Officers of the Company at its Home Office in , Georgia the Proposed Insured is insurable and acceptable for insurance under its rules and practices on the plan of insurance, for the amount of insurance, and at the premium rate set forth in the application, exculsive of any amendments in the space for "Home Office Additions or Corrections." However, if the Proposed Insured dies prior to the Company's actual issuance and delivery of the policy applied for, the total liability of the Company under this receipt and other insurance in force in this Company shall not exceed $25,000.00.

If the Company declines to issue a policy or issues a policy other than the policy for which application is made, the Company shall incur no liability hereunder except to return by its check the above payment upon surrender of this receipt

This receipt shall be void if given for check or draft which is not honored on presentation.

. . . . . , 19 . . . . . Agent

If you do not receive your Policy or hear from the Company within 60 days, write us.

SEE NEXT PAGE FOR PRE-NOTICE

PRE-NOTICE

Information regarding your insurability will be treated as confidential. SIMMONS INSURANCE AGENCY may, however, make a brief report thereon to the Medical Information Bureau, a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. (Medical information will be disclosed only to your attending physician). If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the Bureau's information office is Post Office Box 105, Essex Station, Boston, Massachusetts, 02112, telephone number (617) 426-3660.

SIMMONS INSURANCE AGENCY may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

APPLICATION FOR LIFE INSURANCE TO

SIMMONS INSURANCE AGENCY

Part A Life

Policy No. _____

Date of Policy _____

1. Full Name of Proposed Insured _____

Social Security No. _____ Maiden Name _____

2. Address (Information)

Residence _____
Street City County State Zip Code

Business _____
Street City County State Zip Code

Former
Residence _____
Street City County State Zip Code

How long at each address (above)?

Residence _____

Business _____

Former
Residence _____

Send Notice to Address (Check Which Address)

Residence ___
Business ___
Former
Residence ___

3. Underwriting Class _____

4. Automatic Premium Loan? _____

5. Dividend Option _____

6. Endowment Option _____

7.
Place of birth _____ Citizen of _____

Sex _____ Age _____ Date of birth _____
Month Day Year

Plan	Amount	Mode				Method					Riders			
		A	SA	Q	M	PA	PD	SS			DI	WP	Pay or	Term

Premium Amount		
Life Di	Wp Pay	Total Premium

9.
Beneficiary _____
Full Name Relationship Date of Birth

Contingent _____
Full Name Relationship Date of Birth

10. _____

	Address	Zip Code	Social Security No.
Owner if other that Proposed Insured			
Contingent			

11. Occupation _____ Duties _____

Monthly Income _____ Firm and Title _____

12. Does Proposed Insured Contemplate:
A-Foreign Travel Yes ___ No ___
B-Participation in skin diving, parachuting or racing Yes____ No____
C-Flying other than as a passenger or has he flown other than as a Passenger during past 3 years. Yes ___ No ___
(If yes, complete aviation supplement)

13. Is the right to change Beneficiary reserved? Yes____ No ____

14.

Family Record of Proposed Ins.		Age Living	Age Death	State of Health or Cause and Date of Death
Wife or Husband				
Father				
Mother				
Bros. & Sis-ters	No. Living			
	No. Dead			

Family Record of Proposed Ins.	Insurance Now Owned - Company	Amount Life	Amount Di	Amount Dis. Inc	Year of Issue
Wife or Husband					
Father					
Mother					

Has Proposed Insured any application now pending?
Kind - Company - Amount

Do you intend the replacement or change or any of your existing insurance policies in connection with this application for new insurance?
Yes ___ No ___

15. Home Office Additions or Corrections: _____
_____
_____

For Non-Medical all Questions must be answered. If Annuity, or Examined omit Questions 16 to 22 inclusive.	Yes or No	MEDICAL REPORT Give full details for any ailments, dates, physicians names and addresses. Other companies, etc. Details Military Service.
16. Does Proposed - Insured now have or has he had:		
a. Tuberculosis, asthma, disease of lungs or respira tory system? _____		
b. High or low blood pressure or disease of heart or circulatory system? ____		
c. Disease or disorder of digestive system? (Stomach, Intestine, Liver, Gall Bladder.)		
d. Paralysis, convulsions, epilepsy, disease or disorder of brain or nervous system? _____		
e. Gravel, stone, colic, stricture prostate trouble, or any other genito-urinary disorder?		
f. Rheumatism, arthritis, disease or disorder of muscle, bones, joints? ____		
g. Rupture, syphilis, cancer diabetes, goiter, rectal disorder. _____		
h. Impaired sight or hearing?		
i. Any other disease, injury, operation or deformity? _____		

	Yes or No
17. Is Proposed Insured in any way subject to Military Service? Give details_____	
18. Does Proposed Insured used or has he ever used alcholic beverages? ____	
19. Does Proposed Insured use or has he ever used narcotics?	
20. Has Proposed Insured ever:	
a. Consulted or been treated by any physician or practitioner in past past 5 years? Give name, address, details	
b. Applied for or received any kind of disability compensation? _____	
c. Been declined, postponed or limited for any life or other insurance or reinstatement thereof? _____	
d. Been advised to have surgical operation or X-ray treatments, blood tests, X-ray, electrocardiographs, orbasal metabolism? (If so, give full details)	

Cash Received with Application $ _____ For _____

Premium _____ Date _____ 19 ___

First Agent _____ Code No. _____

Signature of Proposed
Insured or parent of Juvenile _____

Second Agent _____ Code No. _____

Signature of Owner
if other than Proposed Insured _____

Give official capacity if signed on behalf of a corporation

AGENT'S REPORT

1. How long have you known Proposed Insured? _____
   Applicant (Father of Proposed Insured, if
   child under 15?) _____

2. Does Proposed Insured's appearance indicate health and strong
   constitution? _____

3. Has Proposed Insured any obvious deformity, any impairment of sight,
   speech or hearing? _____

4. Did you personally see Proposed Insured and Applicant, if any, complete
   and sign this Application? _____

5. As agent for this Company, do you unreservedly recommend Proposed
   Insured for standard insurance? _____
   Substandard? _____

6. What other Agent receives commission on this application? _____
   _____ How much? _____

7. What approximately is Proposed Insured's (Father of Proposed Insured,
   if child under age 15) net worth? _____
   Annual Income _____

8. If Proposed Insured is a child under age 15
   a.) Give full name and address of Father _____
   _____
   b.) Amount of insurance on brothers and sisters under age 15 _____
   _____
   c.) Amount of insurance on life of Father _____
   _____

9. Business Insurance: Give full reasons for this insurance and nature of Applicant's insurable interest. (A Beneficiary who is to own policy must sign as Applicant) _____
   _____
   _____

10. Give five References:
    Name _____ Address _____
    Name _____ Address _____
    Name _____ Address _____
    Name _____ Address _____
    Name _____ Address _____

Non-Medical Limits:

Age			
0-14	12,000.00	36-40	7,500.00
15-30	25,000.00	41-45	2,000.00
31-35	15,000.00	55 and over - Medical	

_____
Agency Director Division Manager

_____

_____

AUTHORIZATION

To all licensed physicians, medical practitioners, hospitals, clinics or other medically related facilities, insurance companies, the Medical Information Bureau or other organizations, institutions or persons, that have any records or knowledge of me or my health, you are authorized to give the SIMMONS INSURANCE AGENCY any such information regarding my medical history, physical condition and diagnosis. A photostatic copy of this authorization shall be as valid as the original.

Date _____ , 19 ___

_____ Witness

_____ Signature of Proposed Insured or Parent of Juvenile

RECEIPT

DO NOT DETACH UNLESS FULL FIRST PREMIUM IS PAID WITH APPLICATION

Do not detach unless full first premium is paid with application

Received from . . . . . .

the sum of . . . . . .($ . . . . . .), Dollars.

for the full premium specified in the application for insurance in the SIMMONS INSURANCE COMPANY which bears the same date and serial number as this receipt. The insurance under the policy for which application is made shall be effective on date of this receipt or the date of completion of the medical examination (if required) whichever is the later date if, in the opinion of the authorized Officers of the Company at its Home Office in , Georgia the Proposed Insured is insurable and acceptable for insurance under its rules and practices on the plan of insurance, for the amount of insurance, and at the premium rate set forth in the application, exculsive of any amendments in the space for "Home Office Additions or Corrections." However, if the Proposed Insured dies prior to the Company's actual issuance and delivery of the policy applied for, the total liability of the Company under this receipt and other insurance in force in this Company shall not exceed $25,000.00.

If the Company declines to issue a policy or issues a policy other than the policy for which application is made, the Company shall incur no liability hereunder except to return by its check the above payment upon surrender of this receipt

This receipt shall be void if given for check or draft which is not honored on presentation.

. . . . . , 19 . . . . . Agent

If you do not receive your Policy or hear from the Company within 60 days, write us.

SEE NEXT PAGE FOR PRE-NOTICE

PRE-NOTICE

Information regarding your insurability will be treated as confidential. SIMMONS INSURANCE AGENCY may, however, make a brief report thereon to the Medical Information Bureau, a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. (Medical information will be disclosed only to your attending physician). If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the Bureau's information office is Post Office Box 105, Essex Station, Boston, Massachusetts, 02112, telephone number (617) 426-3660.

SIMMONS INSURANCE AGENCY may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

Type 3" x 5" index cards for the tickler file. Be sure to file cards chronologically by expiration date.

Insured	Policy no.	Type/ Company	Expiration Date
Ms. Gayle Rushing 2624 Sue Mack Columbus, GA 31906	26-31-42	auto/ MSL Auto Ins. Co.	June 12
Richard Stock 1431 Hagan Columbus, GA 31907	28-16-07	30 yr. term/ International	August 16
Helena Cato 2959 Ramsey Columbus, GA 31903	25-16-37	High Risk/ Property AAVS Ins. Co.	April 14
Roy Longwell 3619 Grier Ave. Columbus, GA 31904	64-44-04	Mortgage/ Federal Home Ins. Co.	June 30
Janice Morris 759 Crockett Columbus, GA 31904	09-35-51	Homeowners/ Federal Home	Dec. 23
Larry Pope 1339 21st St. Columbus, GA 31901	10-12-12	20 yr. term/ Int'l Ins. Co.	Sept. 7

Insured	Policy No.	Type/ Company	Expiration Date
Audrey Rainey 4901 Sentry St. Columbus, GA 31907	50-64-96	Homeowners/ Federal Home	Jan. 18
Chris Skaggs 3334 Hilton Woods Dr. Columbus, GA 31906	33-11-06	Auto/ MSL	Oct. 31
Randy Vieau 4855 Gardiner Dr. Columbus, GA 31906	89-46-21	Mortgage/ Federal Home	Feb. 17
Roland Wade 5120 Armour Columbus, GA 31904	18-78-61	Homeowners/ Federal Home	Mar. 26

Mr. Waylon Sanders

You have an important decision to make...

You have just about reached your goal of obtaining a post-graduate education. Now, other responsibilities for the future demand your attention. For one...what should you do about life insurance? Even though you may have a policy or two right now, certain important financial decisions need to be made now to lay the groundwork for your financial success and security.

Most financially successful people utilize some form of permant life insurance as the basic foundation of their overall financial portfolio. At this time in your life, your plan should be one specifically designed for your present financial situation. Simmons Insurance Agency Graduate Plans offer a number of important features that you need to explore now. After all, when you decide to begin or add to your own personal program, you should at least be aware of these outstanding policies and what they can do for your financial future.

Attached is a prepaid postcard. Simply check which one of the quality gifts you would like to recieve. Naturally, there is no obligation on your part. But I know that as you begin to plan your future, you will want to take a look at this "Future Plan."
Sincerely,

Mr. Joe Gibson

Is building an insurance estate a wild and far-fetched idea for you at this point in your life?
It shouldn't be. It should be a reality.
Buying life insurance while you're still in college makes good sense. It makes good business sense, and it makes good personal sense.
That's why we have developed a special plan--College Program--for college seniors.

It's the best selling college life insurance plan in America. More college seniors like yourself have participated in the College Program plan than any other--over 300,000, in fact.
Remember a couple of key factors; life insurance costs more as you grow older; and life insurance can be the sound basis of your overall financial portfolio.
You might be interested in the fact that the average age of our policyholders is 26; the average age of our Field Representative is 28.
We'd like to present you an outline of our College Program together with a gift of your choice as shown on the enclosed card. Send us the attached postcard. There's no obligation whatsoever on your part. Sincerely yours,

Mr. David Conrad

Are you getting any TAX BREAKS for saving money?--Probably not! The new pension legislation signed into law on Labor Day, 1974 created the guidelines under which you can make TAX DEDUCTIBLE contributions toward your own retirement. Before this law was passed, millions of americans had been unable to participate in their own Tax-Favored Retirement plan.

Now the new provisions provide these benefits: 1) An emplyee, or employer, or self-employed individual not currently participating in a tax sheltered retirement plan, may establish his or her own plan and contribute the lesser of 15% or $1,500 of compensation. 2) An employee may set up his or her own plan even when the employer does not wish to participate. 3) An employer may set up a personal plan without contributing for other employees, although he or she may do so on a selective basis. 4) No tax is paid on the money placed into the plan until it is withdrawn at retirement.

If you are interested in decreasing your taxable income and increasing the amount of money you will have available at retirement, please complete the enclosed postage paid return card. Sincerely,

SIMMONS INSURANCE AGENCY
928 45th Street
Columbus, Ga 31904

SIMMONS INSURANCE AGENCY
928 45th Street
Columbus, Ga 31904

SIMMONS INSURANCE AGENCY
928 45th Street
Columbus, Ga 31904